	- STATE REGISTRAR				MEK 2 CE	KIIFICATE	OF DEATH	REG. N		
	DECEASED NAA (TYPE OR PRINT)			MIDDLE	LA	ST		ATE KNOWN CONTRACTOR STATE ATH MATER	MONTH	DAY YEAR
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語った	BIRTHPLACE (76. CITIZEN OF W	HAT COUNTRY?	8. MARRIED	NEVER MAR	RIED [LTIMORE CITY	_	
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	SUAL RESIDENCE	(IF IN NURSING HON	E OR OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADMIS	SSION)	Bd. INSIDE CITY LIMITS?				Homen
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ERAI DRECTOR: PAGE 3 SHOUID BE USED AS A BURIAL-TRANSIT EATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HY RE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL	PART 2 OTHER 19a. DATE CO 19a.	IMMED Ons, if any, whitise to immedical storing the undivise lost. SIGNIFICANT CONDITION FOPERATION IAL CAUSE WAS G OR INDO CAUSE COCCURRED NOT WHILE AT WORK Itied from No	DUE TO, OF	R AS A CONSEQUENCE ITION FOR WHICH OPI OF INJURY M. 19 OF INJURY (ATHOME, ETCRY, FARM, ETC.) Sescribed above, held an Accident	ERMINAL DISEASE OF ERATION WA AR. 21c. HOV. 21f. LOC./ STR. Autopsy Suicide, M.C.	S PERFORMED? W INJURY OCCUR!	PART I (a). RED (ENTER NATURE) ion	OR TOWN QUITY QUITY QUITY CEXAMINER CEXAMINER	nd in my opi	YES Control YES Co
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1	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEGE 1 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	3 3 0
	DECEASED NAME THOMAS THOMAS	BAYLISS 10 DATE KNOWN MONTH OF ESTI- DEATH MATED 5	6 81 1059 M
STATE	MALE WHITE DEC	26 1950 30 YRS. MONTHS DAYS HOURS MIN. PRONOUNCED DEAD	6 19 81 143 M
S FOR YOUR WITHIN 72 W. PRESTON	FOREIGN COUNTRY) VIRGINIA	OF WHAT COUNTRY? 8 MARRIED X NEVER MARRIED 9 BALTIMORE CITY OR COUNTRY OF WORK 9 WIDOWED 9 WIDO	TTY MD.
O G S FE	WALKERSVILLE ROUT	SUCH FACILITY, GIVE STREET ADDRESS) E 194 FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY MILITARY
272 130	UAL RESIDENCE (IF IN NURSING HOLE OR OTHER INSTITU 1. STATE I I I I COUNTY OHTO Montgomery	13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS	The state of the s
4	FATHER'S NAME MIDDLE MELVIN F	BAYLISS JEANNE CUNNINGHAM B	AKER
3 160	WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO, OR UNKNOWN) YES (IF YES, GIVE WAR OR DATES) 8Jun73-Pres	200 70 0040	Same as #13.
AL.	18 CAUSE OF DEATH (Enter only one couse p PART I DEATH WAS CAUSED BY:	Per line for (a), (b), and (c).) MULTIPLE TRAUMATIC INJURIES	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
AFIER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		TO, OR AS A CONSEQUENCE OF AIRCRAFT ACCIDENT	INSTANTAN,
Š,		TO, OR AS A CONSEQUENCE OF	
REMAIL	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (a).	
	19a. DATE OF OPERATION 19b. C	CONDITION FOR WHICH OPERATION WAS PERFORMED?	2D. AUTOPSY?
3		ME ONINJURY A.M. MONTH DAY YEAR ATRORAFT ACCIDENT	
/ Idan	21d INJURY OCCURRED WHILE NOT WHILE AT WORK TWORK	PLACE OF INJURY (ATHOME, 211 LOCATION	UNITY STATE MD
0	22a I certify that I took charge of the remo		pinlon
MARY	death resulted fram: Notural couses L ACTUAL SIGNATURE	TITLE (SPECIFY) Deputy MEDICAL EXAMINER SIGNS	May 6, 1981
2 -			enue
23	BURIAL, CREMATION, REMOVAL 23b. DATE	236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OF TOWN COU	***
L	Cremation May 11	, 1981 Cedar Hill Crematory Suitland, P.G. Co.	, Maryland
	FUNERAL DIRECTOR NAME Chambers Funeral Home	ADDRESS Riverdale Maryland	KINATURBAN

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(VRA 15, 4) 1/79

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Dr. Robert L. Laufran, L.D. 604 Toll Rouse Ave., rederick, 16. 21701

Creation ... May 19, 1931 Ft. Lincoln Cremarcty Brentwood, Pr. Ger'n, Md.

Smith, Mcdeley, seency, and cru dure 1701

Main St

Middletown. Md.

Co.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

261494R30

IF UNDER 74 HRS

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

HRS

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STATE

Ohio

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YES [

COUNTY

22c DATE SIGNED

Own Home

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IF UNDER LYFAR

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 50M 1/81 (VRA 15, 4)

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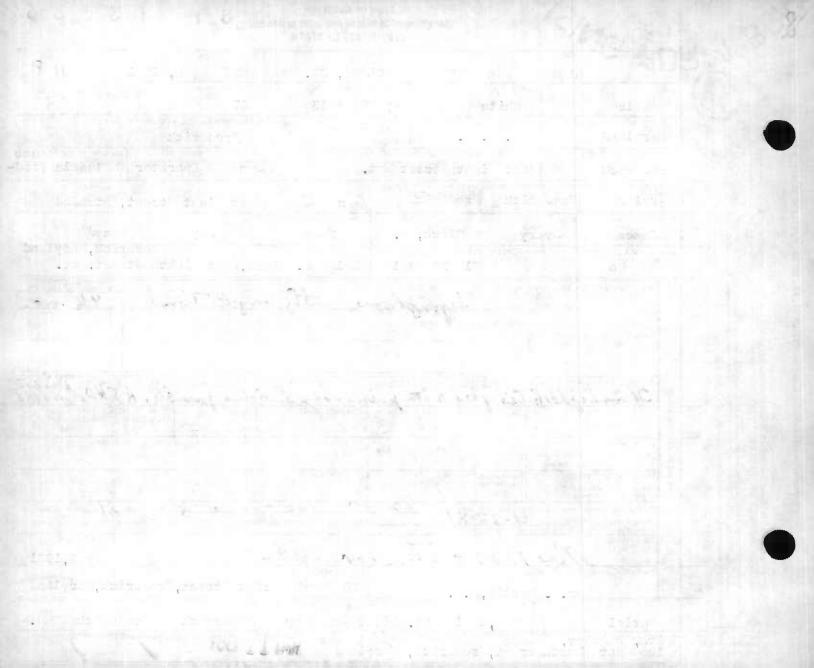
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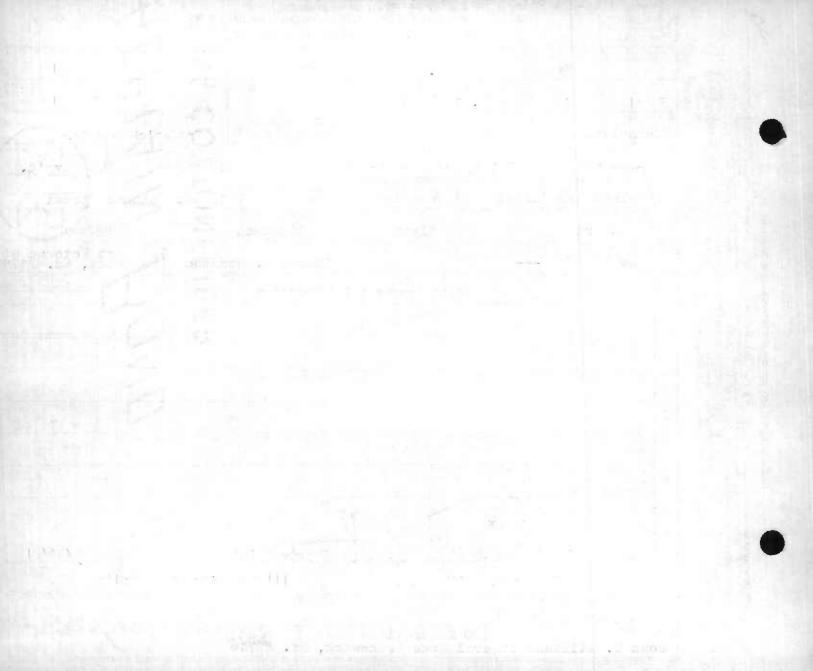
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Vly		CEASED NAMI	E FIRST	JOSEPH JOSEPH	MIDDLE T	THOMAS BRV	voi	G-E BR	RUNDIGE	2	OF	KNOWN ESTI- MATED	MON	TH DAY	YEAR 1981	26 HOUR 1053 A M
£15	3: SEX		1. RACE NEGRO	JAN 15 1	949	6. AGE (IN YE)	Y) MON	NDER 1 YR.	IF UNDER 2		RONOUP DE AD	NCED	5	6		2d. HOUR
5	PE	RTHPLACE (S REIGN COUNTRY) NNSYLV	ANIA	76. CITIZEN OF WH	AT COU	NTRY?	8. MARR	_	VER MARRIEI DIVORCEI			ORE CIT	Contractor (Contractor)		DEATH	MD.
	WA	LKERSV	ILLE /	11. NAME OF HOSE JIF NOT IN SUCH FACE ROUTE			, OR OTH	ier institu	TION	FOR M	AL OCCU OST OF WOR	PATION (RKING LIFE)	TYPE OF WO	0	IND OF BU OR INDUSTI LITAF	ISINESS RY
5	USUA 13a. S	L RESIDENCE	IM COUN	THER INSTITUTION, GIVEN ON THE STATE OF THE	13c. ⊂17°	E BEFORE ADMISSIN Y OR TOWN PUBLIC)N)	13d. INSIDE (13e, STRE	ET ADDRE	ess				
1	14. FA	THER'S NAME		WIDDIE		LAST		15. MOTHE	ER'S MAIDEN	NAME	N	NIDDLE			LAST	
2		JOE VAS DECEASE	D EVER IN U.S. AR	MED FORCES?		JND IGE	NO.	17. INFOR	OROTHY MANT			ADDRE	ESS	W	ALTER	
		YES		8-Present	187	-42-25	07	Doro	thy Br	undi	ge (1	Mothe	r) S	ame a	as #1	3.
		18 CAUSE O PART I DE	F DEATH (Enter or ATH WAS CAUSE	nly one couse per line), and (c).)	TRE	WMA I	ic .	INT	TURIS	5.5		861	APPROXIMATE TWEEN ONSE	T AND DEATH
	7	gove ri	ns, if ony, which se to immediate stating the <u>under</u> - use lost.	(b) #	TIRC	RAFT VSEQUENCE O	1	CC 10	ENT			H		11	NS TAN	VTAN.
BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	CERTIFICATION	PART 2 OTNER SI		CONTRIBUTING TO DEATH B		ATEO TO THE TERM				1 0				20.	AUTOPSY	,
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3		UNDERLYING	L CAUSE WAS			DAY YEAR			OCCURRED			JURY IN ITEM	18 PART 1 O	RPART 2)		
	MEDICAL	CONTRIBUTION	NG CAUSE OF	21e PLACE O	FINJURY	(AT HOME.	21f_LC	CATION	AFT ACC	CIDE	VI					
	¥	WHILE AT WORK	NOT WHILE [STREET, FACTO	ORY, FARM, E	TC.)		STREET		1	CITY OR TO	wn IRSVI	LLE I	COUNTY	ERICK	MD
			fy that I taok charg	FARM ge at the remains desc	ribed abo		Autor	sy X Hamic	Inspection		Inquiry	<u> </u>	and in my	apınian		
		ACTUAL SIGNATURE	Tobe	ut you	w	um	^	TITLE (S	PECIFY) Deputy 812	MEDI	CALEXAA	AINER Hous	e Av	NED M	ay 11	, 198
2		EXAMINER'S (TYPE OR PRII	NT)			mas, M		ADDRESS_	Fre	eder	ick	, Md		701		
	(5	PECIFY)	TION, REMOVAL	236 DATE May/14/81		NAME OF CEA				CITYC	CATION	17.7		OUNTY		ATE
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	FOR 1 - STATE REGISTRAR	0a=22a F.			FHEALTH	AARYLAND I AND MENTAL H CERTIFICATE O		1 3	3 3 3	1
1	DECEASED NAME	FIRST Yvonr		MIDDLE		Condrad	20. DATE KN	ESTI-		26 HOUR
D	SEX Female	White	5. DATE OF BIRTH	1938 43	YEARS IF UN	DER 1 YR. IF UNDER		MONT	H DAY YEAR	25 H. 950 P M
5	Pennsylv	ania	76 CITIZEN OF WE		8. MARR WIDOV		ED 🔲	derick C	INTY OF DEATH	MD.
0	Brunsw	ick /	721 E.	PITAL, NURSING HO CILITY, GIVE STREET ADDRES Potomac S	treet	er institution	120 USUAL OCCUPA FOR MOST OF WORKIN Secretar	TION (TYPE OF WOR		TRY
5	JSUAL RESIDENCE (30. STATE Marylan	d Frede	rother institution graff TY crick	Brunswic		13d. INSIDE CITY LIMITS?	721 East	Potoma	c Stree	t
0	4. FATHER'S NAME		MIDDLE	Flynn		IS. MOTHER'S MAIDE Elizabe	eth		Jnknown	
1	YES, NO OR UNKHON	(IF YES, GIVE Y	MED FORCES? WAR OR DATES)	16b. SOCIAL SECUI	RITY NO.	Andrew J.		721 Ea Brunsw	st Poto	mac St 2171
AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DWISSON BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	cause (o) lying caus PART 2 OTNER SIG		(c)	AS A CONSEQUENC		E OR CONDITION GIVEN IN PAR	(T le),			
RIAL, CI	190 DATE OF	OPERATION	19h CONDIT	ION FOR WHICH OF	PERATION W	AS PERFORMED?			20. AUTOPS	
3	■ JUNDERLYING	OR IG CAUSE OF D		. MONTH DAY YE	AR	OW INJURY OCCURRE	D LENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR		NOU
	WHILE AT WORK			OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION	CITY OR TOWN		COUNTY	STATE
		y that I took charg	e of the remains desi of during X.	Accident	Suicide N	Homicide	Undetermined mann			/81
TIMOR	EXAMINER'S N	NAME Thor	mas D. Sm	ith, M.D.		ADDRESS	Penn r\$tree	t Bal	Ito., MD.	
	24 FUNERAL DIRECT	RIAL	100	23c. NAME OF C	lle R	oad 25a DATE	23d. LOCATION CITY OR TOWN 31 4 A REGISSION 7.16	MRELY 25b. REGISTRARI	OUNTY LACK SSIGNATURE	STATE P.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 26 HOUR (TYPE OR PRINT) DARLING ESTI-MICHAEL WAYNE 198 1053 DEATH MATED IF UNDER 24 HRS. 2c. DATE 11:30 FUNERAL DIFE 5 FOR YOUR 25 YRS. PRONOUNCED 3 -10 DEAD 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. KANSAS DIVORCED rederick County EXECUTE THE CERTIFICATE, WRITING THE WORD "FENDING" IN FINCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FI PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL- RRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL CREMATION OF BELLONAL. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS 194 USA ROUTE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Montgomery Co. DARLING Unknown Mary WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMAN Mrs. Starley Darling (Wife) Same as CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ULSION BRAIN 0 IMMEDIATE CAUSE FRACTURES Canditians, if any, which COMPOUND SKULL gave rise to immediate couse (o) stoting the underlying cause last. EC-135N USAF MEDICAL CERTIFICATION AND SPLEEN, 19a DATE OF OPERATION 20 AUTOPSY? YES X NO [216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR ACC IDENT 5 CONTRIBUTING CAUSE OF DEATH STREET WALKERVILLE AT WORK 220 I certify that I taak charge at the remains described above, held and in my opinian death resulted from: TITLE (SPECIFY) Deputy Toll House Avenue Thomas, Robert M. D. EXAMINER'S NAME Frederick. (TYPE OR PRINT) Md. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION Cedar Hill Crematory Cremation Suitland. P.G. Co., Maryland 25 DATE REC'D BY REGISTRAR 25), REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-17** Chambers Funeral Home Riverdale, Maryland (VR A15 ME (5) 15M 2/80

1591 / EXCLUSION BURNERS OF THE STATE ALL THE CHEST A COUNTY MACKERVALE, MP. DALAC TENTINE, THE HER TO STORE DEADER EAPE TO DAYTEN X 4975 LEBB STREET WAYNE H. DARLING NEW THE STATE OF THE SECTION OF THE WANE TO MAISTAIN TO MULTIPLE COMPROVID SKULL FRACTURES AIRCRAFT ACCOENT, EC. 135W LIME LACERATION OF HEART, LENCY LIVER AND SPREEN. AL A TORRIGHE TREADURE IN SIZE MOREON M. MIGSBURGE FILE WILLIAM CONTRACTOR 100

	1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HY ICATE OF DEATH	GIENE O	REG. NO		0	
		EASED NAME	FIRST		MIDDLE	L	AST	2s DATE O		AONTH DA	Y YEAR	26. HOUR
	(1142		RNARD		M.	D	AVIS, Sr.	May	3	198	81	- F
13	3. SE	Male		4 RACE White		5 DATE C	er 6 ^{DAY} 18 ³ 53	6 AGE (INY	ARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HR
	C	RTHPLACE (STATE OR FO	REIGN		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED		RECITY OF	COUNTY	OF DEATH	
190		rederick	тн		HOSPITAL, NURSING PRACTICE OF NUISIN	G HOME C	R OTHER INSTITUTION	12a. USUAL	OCCUPATION OF SECTION OF	ON WORKING LIFE]	126 KIND C INDUSTRY Denis	try
35	13a. S	L RESIDENCE (IF NURSI TATE ryland	NG HOME OR 13b COUN Frede	ITY	GIVE RESIDENCE BEFORE	N	134 INSIDE CITY LIMITS?	2 STREET	ADDRESS OCKWe 1	ll Ter	race	
dical exa	14 FA	THER'S NAME FIRST Robert		Lee	Davis		15 MOTHER'S MAIDEN N	AME	MIDDLE		Layt	on
event, the med	Ión V	YAS DECEASED EVER I		WAR OR DATES	212 38 9		IT INFORMANT Mrs. Mary P	. Davis		Rockwo Rockwo	ell Te	rrace 21701
y injury, or other traumatic	NC	Conditions, if any, gove rise to imm cause 101, stating underlying cause	ediate the last	(b)	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TER	MINAL DISEAS	E OR COND	IITION GIVER	N IN PART 30	01
shows ar	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTO	PSY?		WERE FINDING CAUSES	
or Item 18		718 ACCIDENT WAS UNDE OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	AUSE OF DE A	TH HOUR A		Y YEAR	21c HOW INJURY OCCU					
marked or	MEDICAL	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE 🗀		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC	ZII LOCATION STREET		CITY OR TOWN	v .	COUNTY	STATE
25 6		22a.1 certify that (1) (saw the decease above, (1) (we) (d)	d alive an	3/24	131 19	or or	id that in (my) (over) opinion	n death occurre	d on the do	te and hour		that (I) (we) locally couses stated
PORTANT: If Ite		22b. SIGNATURE	a	utin (Lance	1	DEGREE ATTENDING PHYSICIAN	MEDICAL S DIRECTOR	STAFI		May	4,1981
IMPORTANT: If Item 21	, y	224. PHYSICIAN'S NA		Street, Labor	arre,Jr.	J M.D.	27. ADDRESS 804 Toll Ho	ouse Ave	enue .F	rederi	.ck .Mai	cyland
2	23a B	URIAL, CREMATION, I		236. DATE			EMETERY OR CREMATORY	23d. LOC/			OUNTY	STATE
_	_	Burial		May 6	7 //3 /		ivet Cemetery	Frede	rick	Fred	erick	Md.
25M) 1/79	24 FL ST 10	NERAL DIRECTOR IN Fade 1 6 East Chu	ey,	ceney &	Eastord Frederick	Fune:	ral Home	VIE REC'D. BY	EGISTRAR	BORGERIN	NYSYSIONAT	AURES

STATE OF MARYLAND

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ERS S. S. S. S. E.	1. DEC	EASED NAME OR PRINT)	ouglas	OUGLAS A	MIDDLE I	AN (ible	DIB	LEY	20	DATE KNOW OF ESTI DEATH MATE	NN X MON		1981	1053 1053
RY, PLEASE DIRECTOR. OUR, FILES. 72 HOURS ON STREET,	3. SEX	MALE	WHITE	JUNE 23	YEAR 1953	6. AGE (IN YE.	(Y) MONTH		HOURS A		DATE ONOUNCED DEAD	5	- 6-	19 81	2d. HOUR 16 30 H M
VECESS ONERAL WITHIN	7a. Bl	RTHPLACE (5 REIGN COUNTRY) OHIO	TATE OR	76. CITIZEN OF WH	IAT COUN	TRY?	8. MARRIE WIDOWI		VER MARRIED DIVORCED		BALTIMORE OF FREDERT	CK COL	JNTY		MD
PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE		LKERSV		II MAME OF HOSE I IF NOT IN SUCH FACE ROUTE			, OR OTHE	ER INSTITUT		FOR MO	L OCCUPATION STOF WORKING LIF Member	E)	0	IND OF BUSTR INDUSTR litar	RY Y
F ANY DELAY IS NECESSARY, F 2, AND 3 TO THE FUNERAL DIREC 3. RETAIN PAGE 5 FOR YOUR SHOULD BE FILED, WITHIN 72 H 11. RECORDS, 201 W. PRESTON SI	USUA 13a. S	L RESIDENCE	(IF IN NURSING ME OF		13c. CITY	OR TOWN		13d. INSIDE CI Yes X	NO .	13e. STREE	T ADDRESS	ECREST	DR		
MD SSING	14. FA	THER'S NAME		MIDDLE		AST		FI	R'S MAIDEN	INAME	WIDDLE			LAST	
MORE, M PAGES 1, DRM PM NOCKET	16a. V	GEORG	DEVER IN U.S. ARM			LEY	r NO.	LA'	VON MANT		R	DRESS	S	PITLE	R
S AFTE GIVE I GIVE I GIV I	YI	ES	24 NOV	75-Presen		-54-41	09	Jean	ne M.	Dible	ey (Wife	e) Sam			•
I HOUR FEM 18. ONG W ERMIT. IENE, DI	-		OF DEATH (Enter only EATH WAS CAUSED IMMEDIAT	BY:	will	pnd (c).)	sive	re t	raum	alu	ing	urie	BET	APPROXIMATE TWEEN ONSET	ANO DEATH
PRESTO ITHIN 24 CIL IN IT VER. ALC ANSIT P AL HYG REMOV			ns, if any, which	DUE TO, OR	Mul	LICTO	DF AL	Bull	Ars	uel	ures			0	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. III RITING THE WORD "FENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1. 2. RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. R3 SHOULD BE USED AS A BURRAL. TRANSIT PERMIT. PAGES 1 AND 2.S. E DEPARTMENT OF HEATTH AND MENTAL HYGIENE, DIVISION OF WITH OUT PROPERTY. TO BURRAL, CREMATION, OR REMOVAL.) stoting the under-	DUE TO, OR	AS A CON	SPOUENCE	of en	af	- Th	8	brai	n.		0	
CORDS, BE EXEC VDING; EDICAL SA BU! SA BU!	NO	PART 2 OTHER S	astured	Sibs ,	OUT NOT RELATED	thac.	INAL DISEASE	OR CONDITION	and a	rele 1	extres	nities	ē.		
SHOULD ORD "PEI OR HEAL OF HEAL OR HEAL OF HEAL OR HEA	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR V	WHICH OPER	AVON W	AS PERFOR	MED?				20	AUTOPSY?	NO []
IVISION OF V CERTIFICATE S TIING THE WO DED TO THE (3 SHOULD BE DEPARTMENT) PRIOR TO BE	AL CER	21a EXTERNA UNDERLYING CONTRIBUTI	AL CAUSE WAS OR ING FICAUSE OF D	21b. TIME HOUR/A M	MONTH	DAY YEAR		WINJURY	RAF	(ENTER NA	ACCL		R PART 2)		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELY EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM, 18. GIVE PAGES 1. 2, AND 3 TO PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN P TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT FERMIT, PAGES 1 AND 2 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECORDS, BATTIMORE, MARYLAND, 21201 PROR TO BURIAL, CREMATION, OR REMOVAL.	MEDICAL	21d. INJURY (21e PLACE C STREET, FACTO	F INJURY	(AT HOME,	21f LOC	CATION TREET	KERV	ILLI	CITY OR TOWN	MD	COUNTY		STATE
INER: THE STAND ST		22a 1 cert	ify that I toak charge	e of the remains desc	cribed oba		Autops	y X,	Inspection	Undeter	Inquiry ,	and in m	y opinion		
E CENTIFICATE DULD BE FOR LI DIRECTOR: H, WITH THE S MARYLAND,		ACTUAL SIGNATURE	Bi	cut (M	Die	n m	TITLE (S	PECIFY)			DA	TE 3	T-8-	-81
MEDICAL CCUTE THE SE 4 SHO FUNERAL TIMORE,	-	EXAMINER'S	NAME Rob	ert J.	Thoma	as, M	. D.	ADDRESS_		017	TEOMTER derick			3. 701	
TO TO AFTER BALL	23a. B		TION, REMOVAL 2:			IAME OF CE			ORY	23d. LOC CITY OR		(COUNTY	ST	ATE
BP	24. F	Burial			0811 Ca	lvery	Ceme	tery	25a. DATE PE	Kett G'D ₄ BY ₄ R	ering EGISTRAR 256	Montgo REGISTRAR	mery sign	Ohi	9
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDE HARLES **JOSEPH** EMITTO KNOWN (TYPE OR PRINT) ESTI-JOSEPH 5 EMILIO 81 DEATH MATED 3. SEX 4. RACE DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY) PRONOUNCED 19 1945 MATE SEPT 35 DEAD WHITE 70. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED IX NEVER MARRIED FOREIGN COUNTRY) USA NEW YORK WIDOWED DIVORCED FREDERICK COUNTY IE CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Pilot OR INDUSTRY ROUTE WALKERSVILLE Military 3. RETAIN PA OF VITAL RECORDS JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS UNKNOWN SPRINGVALLEY OHIONO [10040 ATCHTSON RD 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AND 2 CHARLES FIRST MIDDLE BARRERA EMILTO B JOHANNA 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 401 E. Olive (YES, NO. OR UNKNOWN) 18APR70-PRESENT 056-36-0438 YES Charles G. Emilio (Father) Long Beach . N. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c),)
PART I DEATH WAS CAUSED BY:

MULTIPLE TRAUMATIC IN JURIES IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF INSTANTAN AIRCRAFT ACCIDENT Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO X 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? BURI 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) CORWARDED TO THE HOUR A.M. MONTH DAY Z OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH Aircraft Accident 0:53 M MAY 6 19 87 21e PLACE OF INJURY (ATHOME 21d INJURY OCCURRED FARM STREET WHILE NOT WHILE MIDE WATKERSVILLE FREDERICK TO FUNERAL DIRECTOR; PAGE AFTER DEATH, WITH THE STATE! 22a I certify that I took charge of the remains described above. b Autopsy Inspection and in my apinian Accident death resulted fram: Undetermined monner TITLE (SPECIFY) Deputy SIGNATURE 812 Toll House Avenue Robert Thomas, M.D. EXAMINER'S NAME Frederick. Md. 21701 TYPE OR PRINT ADDRESS 230 BURIAL CREMATION REMOVAL 236 DATE 23d. LOCATION 23¢ NAME OF CEMETERY OR CREMATORY STATE (SPECIFY) May/15/81 Burial Arlington National l Cem. Arlington, Arlington, Virginia 250. DATE REC'D. BY REGISTRAR | 256. REGISTRAR S SIGNATURE BP. 24 FUNERAL DIRECTOR **DHMH-17** ADDRESS (VR A15 ME (5) Chambers Funeral Riverdale, Maryland Home 15M 2/80

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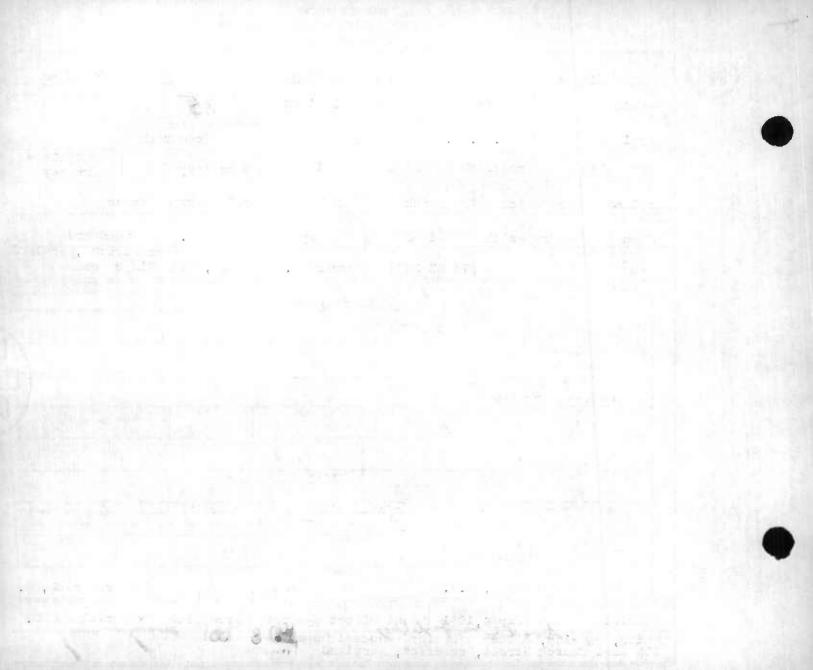
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FILES. HOURS STREET,		EASED NAME OR PRINT)		ATE OF BIRTH	MIDAIE 6 AGE (1			R 24 HRS. 2c.	OF ESTI-	5-6	Y YEAR	2b. HOUR CS A N
N SI		+ W	HITE OC		1946 34	YRS.	ITHS DAYS HOURS	MIN. PRON	OUNCED DE AD	5-6	1981	AM
13	7a. BIR	THPLACE (STATE OR	7b. C		HAT COUNTRY?	8 MAR	RIED XNEVER MAR	RIED 📙	LTIMORE CITY OR	COUNTYO	FDEATH	
27	n CIT	MICHIGAN Y OR TOWN OF DE	ATH 11.4		SA SPITAL, NURSING HO	WIDO'			REDERICK CCUPATION (TYPE O		KIND OF BU	MD
50		LKERSVILI			CILITY, GIVE STREET ADDRE		112 113111011014	FOR MOST O	F WORKING LIFE		OR INDUSTR	
	JSUAI	RESIDENCE I IF IN NO			IVE RESIDENCE BEFORE ADA		13d. INSIDE CITY LIMITS?				Home	
2	3a ST	HIO	UNKNOW	NV	SPRINGVA		YES X NO		ATCHISON	RD		
	14. FA	THER'S NAME	MID	DIE	LAST		15 MOTHER'S MAIL	DEN NAME	WIDGIE		LAST	
1		JAMES		M	NAPPE		LUCILI		M	M	UNROE	
2		AS DECEASED EVER	IN U.S. ARMED F		166 SOCIAL SECU		17. INFORMANT		ADDRESS			
1		NO 18 CAUSE OF DEAT	None		1 366-50-	2823	M.	Napper	(Mother)	Same a	S # 1	3
		gave rise to cause (a) stating lying cause last	g the <u>under-</u>	(c)	AS A CONSEQUEN		ISE DR CONDITION GIVEN IN	PART 1 : a .				
7	CERTIFICATION	19a. DATE OF OPER	ATION	196 CONDI	TION FOR WHICH O	PERATION	WAS PERFORMED?			28	AUTOPSY:	
3		21a. EXTERNAL CAU UNDERLYING A CONTRIBUTING	OR CAUSE OF DEAT	HV0534	9.M.5-619	81 1	ARCRAFT	RED LENTER NATURE	of INJURY IN ITEM 18 PA	ART I OR PART 2)	163	NO []
0	MEDICAL	21d INJURY OCCUR WHILE NOT AT WORK AT V	WHILE D	21e PLACE (STREET, FACE FAR	TORY, FARM, ETC.)	211. Lo	STREET	WAL	OR TOWN KERSVILLE	FREDE	RICK	MD
BAITIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION,		220 certify that death resulted from ACTUAL SIGNATURE	Haak charge of the Natural car	[]	Accident ,	Suicide	psy K, Inspect Hamicide TITLE (SPECIFY) M.D. Deputy	Undetermin		DATE SIGNED	May 6,	1981
CATIMORE	-	EXAMINER'S NAME (TYPE OR PRINT)	Robert	. J. T		1. D.	8] _ADDRESSF1	12 Toll rederic	House k, Md.			
8	23a.BU (SP	RIAL, CREMATION, I	REMOVAL 236 D				OR CREMATORY	23d. LOCATI	VN	~copiri	4	W.
	24 FII	Burial NERAL DIRECTOR	Ma.	y/15/8:	l Arlingt	on Na		Arlir E REC'D. BY REG	gton. ISTRAR 236. REG	Ingtor	ATHREE	ginia
)		ambers Fu	neral Ho	me Riv	verdale, N	aryla		M 19	1981	ufry h	A GOMP	7

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106 East Church Street, Frederick. Maryland

(VRA 15, 4)



/	Item 23b, c and 556 6/2/81 GB STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS 3 3 4 6	
\	1 - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH DAY YEAR 20. HO OF ESTI- CHARLES E. FARTING DEATH MATED 5 10 1.6	OUR
	V111111111 19 1111111111 117	M
ST S	SEX NATE OF BIRTH S. DATE OF BIRTH ADAY YEAR 15 UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH DAY YEAR 28 HOURS MIN. PRONOUNCED DEAD 5 10 1981	M
1835	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED SHALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED Frederick County	MD.
00	D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK IND LIFE) FOR MOST OF WORKING LIFE) 120 USUAL OCCUPATION (TYPE OF WORK IND LIFE) FOR MOST OF WORKING LIFE) Retired Laborer Steel Cons	S
35	SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 13b COUNTY 13t CITY OR TOWN 13d INSIDE (ITY LIMITS? YEAR NO 207 East Potomac Street 207	
00	FATHER'S NAME Charles L. Farling Genevieve Barrett	
Ī	60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR ORD ATES) YES WW II 16. SOCIAL SECURITY NO. 17. INFORMANT Genevieve Farling Brunswick, Md 217	316
AS A BURIAL - TRANSIT PERMIT PAGES I AND 2 SHOULD BE FILED CAITH AND MENTAL HYGIENE, DIVISION OF MEAL RECORDS, 201 CREMATION, OR REMOVAL.	PART I DEATH WAS CAUSED BY: 1 2 9 2 IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a) stating the under-lying cause last. DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 I.I.D.	
CAR	190. DATE OF OPERATION 1906 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 2106 EXTERNAL CAUSE WAS 2116. TIME OF INJURY HOUR AM MONTH DAY YEAR 2116. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	6
SRIOR TO	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 211. LOCATION	
3	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY ST	TATE
	22a I certify that I took charge of the remain described above, held an Autopsy , Inspection , Inquiry M., and in my apinian death resulted from Natural causes . Accident , Suicide , Hamicide , Undetermined manner . ACTUAL SIGNATURE M.D. Deputy MEDICAL EXAMINER SIGNED 5 12 51 51 51 51 51 51	
BALTIMORE, MARYLAND, 2	EXAMINER'S NAME Robert J. Thomas, M.D. 812 Toll House Avenue Frederick, Md. 21701	
BA	Burial CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY CITY STATE STATE Burial 5/13/81 Rosedale Cemetery Martinsburg, W. Wa.	
17	24 FUNERAL DIRECTOR 100 Petersville Road 256. DATE REC'D. BY REGISTRAR'S SIGNATURE	
5))	John T. Williams Funeral Home Brunswick, Md. 1981 Mary 1981	

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Frederick Frederick emorial ospital Consus Bureau C.S. Dovital aryland Frederick Frederick and 1415 est Elsveith St. Tyle c. Fool ary Am Jessui

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no 518-20-68934 Mr. Wallace Fee, Fred. Md.

Granation 5/19/EL Unit sours cremation Smithsburg wash. vd.

	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 3 4 8
(M)		CEASED NAME FIRST PEARL	Edna	Fisher	May 10, 1981	YEAR ZE HOUR
s afte di	3. SE	× Female	* RACE White	5. DATE OF BIRTH MONTH DAY YEAR ADM'11 4 1908		FUNDER I YEAR FUNDER 24 HRS ONTHS DAYS HOURS MIN.
72 hour 72 hour 72 hour 6		RTHPLACE ISTATE OR FOREIGN OUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Frederick County	
ed within		rederick	11. NAME OF HOSPITAL, NURSIN FROT IN SUCH FACULTY, GIVE STREET. Frederick Memor	G HOME OR OTHER INSTITUTION ADDRESS! 1al Hospital	128 USUAL OCCUPATION (17PE OF WORK FOR MOST OF WORKING LIFE) Homemaker	126. KIND OF BUSINESS OR
should be fill examiner mu	13a S	STATE 136 COUN	other institution, give residence before at the control of the con	N 134 INSIDE CITY LIMITS?	13. STREET ADDRESS 5732 Jefferson F	ike
and 2 sho	14. F/	ATHER'S NAME George	W. Burkett	15 MOTHER'S MAIDEN NA	MIDDLE S.	Cline
ages 1	16a V	VAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) IN YES, GIVE	MED FORCES? 166 SOCIAL SECU	17 NFORMANT Mrs. A nna Thurmont. M	Mae Miller, 7998 Jaryland 21788	Mills Manor Ct
nding physiciar arbon papers. P , or removal. aumatic event,			ly ane cause per line for (o), (b), one D BY (E CAUSE (o), OR AS A CONSEQUE	arrest.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ase remove ca al, cremation y, or other tr		Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	y Hitery Justs	se.	3 years.
Then ple or to buri any injur	NO NO	PART 2 OTHER SIGNIFICANT C	onditions contributing to a	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 1(a)
shows	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED YING CAUSES OF DEATH?
Item 18		21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			RED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT OR PART 2)
h and Men	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OR FOWN	COUNTY STATE
or use as of Healtl m 21 is n			tal) attended the deceased from 19 5	ond that in (my) (sus) apinion	death occurred an the date and hour	9 1, that (I) (me) lost and from the causes stated
etached ate Dept.		226 SIGNATURE Bernard	O. Thems &	DEGREE ATTENDING PHYSICIAN T	MEDICAL STAFF DIRECTOR PHYSICIAN	221 DATE SIGNED
should be de with the Stat			O. Thomas, Jr. M	D 228 North Ma	rket St.,Frederic	k, Md. 21701
£ 3 5	23a. E	BURIAL, CREMATION, REMOVE BURIAL		. Olivet Cemetery	rederick Fred	county state erick Maryland

106 E. Church St. Frederick, Miryland 21701

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	lı.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYC	GIENE 8	3 3 4 9
0 75	1. DE	REGISTRAR CEASED NAME FIRST	CERTIFICATE OF DEATH MIDDLE Michael Fitzgerald	REG. NO. 20. DATE OF DEATH MONTH DAY	
to page 3	3 SE	Tose Tose	RACE S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF	7 & 1 4.40 M UNDER I YEAR IF UNDER 24 HRS. NIHS DAYS HOURS MIN.
deoth. Poge funeral direct thin 72 hours	1	RTHPLACE (STATE OR FOREIGN 76	b. CITIZEN OF WHAT COUNTRY? 8 MARRIED ENEVER MARRIED WIDOWED DIVORCED DIVORCED	9. BALTIMORE CITY OR COUNTY OF REDERICK	
by the filed with	10 C	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FY extericle The specific of the specific of the specific or the spec	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY GIOCET
filled in could be	130.	AL RESIDENCE (IF NURSING HOME OR O'STATE 136. COUNTY	THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Y 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? YES NO	13. SIREET ADDRESS 715 Marilyn Pla	ce
campletely completely of gamine	14 F		DDLE Fitzgeral 15. MOTHER'S MAIDEN NA FIRST Maha	» MIDDLE	Wilson
ficate be execu-		VAS DECEASED EVER IN U.S. ARMI (EST O OR UNKNOWN) (IF YES, GIVE V	MAR OR DATES	s Horn Fitzgerald,	715 Marilyn Pueblo, Colo
equires that the death ca n signed by the attendin Then please remove carb rto burial, crematian, or i injury, or other troumatic	NOI		DUE TO, OR AS A CONSEQUENCE OF (c) ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM SENTENCE OF THE TERM OF	MINAL DISEASE OR CONDITION GIVEN	IN PART 1(a)
sicion. Ste has been nest permit. I ygiene prior shows ony i	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b, IF YES, VIN CERTIFYII YES NO YES	VERE FINDINGS USED NG CAUSES OF DEATH?
HYSICIAN ading physic certifical buriol-tro	MEDICAL CE	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH {IF EITHER, NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED WHILE AT WORK AT WORK AT WORK		RED (ENTER NATURE OF INJURY IN ITEM 18, PART	1 OR PART 2) COUNTY STATE
OR ATTENDING P the hospital or offer DIRECTOR: After the oched for use as the Dept. of Health and H hem 21 is morked		220. I certify that (I) (this haspital sow the deceased alive on above, (I) (we) (did) (did pot). 22b. SIGNATURE	5-27 19-21 and that in (my) (our) opinion	death occurred on the date and hour o	, (1) () 1031
the Dela		180		MEDICAL STAFF DIRECTOR PHYSICIAN	MATERIAL SALE
retained by the TO FUNERAL E should be deto with the Stote E IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE ORP	AT 335 Park	wer FREDER	10k 21701

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FOR STATE	E STRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIE FEEL STATE OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.												
T. DECEASI		UNAZONAI		NCENT		LAST FO	NKE		20. DATE KN	OWN X			YEAR 1981	2b. HOUR 1053
3 SEX MALE	4. RACE		26 1949	I IV.	S IF UN	DER 1 YR.	IF UNDER 2		PRONOUNCE DEAD	D	MONTH 5	6	YEAR 19 81	2d, HOUR 1130 A M
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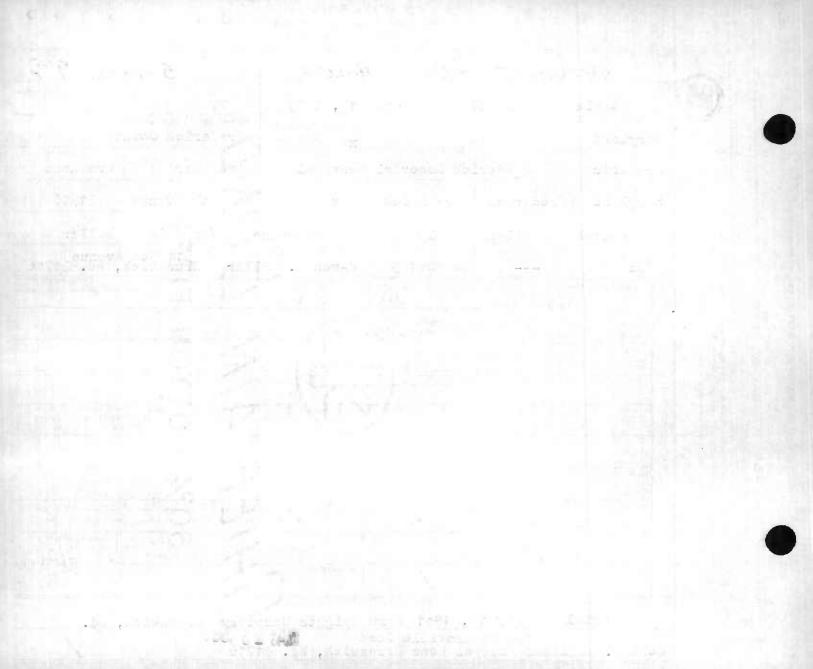
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2. SHOULD BE FILED, WITHIN Z.
7. AL RECORDS, 201 W. PERFORMANCE. PRONOUNCED 1948 WHITE FEB DEAD 76. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUN MARRIED NEVER MARRIED X FOREIGN COUNTRY) FREDERICK COUNTY ILLINOIS USA WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) CREW MEMBER WALKERSVILLE ROUTE 194 JSUAL RESIDENCE HEIN NURSING ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS ILL INOIS 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS HOMESTEAD JAKEN OWN YESK NO [Unknown 2 SI 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAMDERS PAGES 1 AND HENNINGER EDA MILTON J. VE PAC 7. INFORMANT ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO DIVISION Elmhurst (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 356-40-0226 26NOV73-PRESEN Joan Masters (Sister) 880 Spring Rd. CAUSE OF DEATH (Enter only one cause per line USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. DUE TO, OR ASIA CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT ONOITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONGITION GIVEN IN PART 1 o CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "PROCE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, TIME OF INJURY HOUR AM, MONTH X_{OR} UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21d. INJURY OCCURRED (AT HOME AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET WALKERSVILLE FREDERICK MD FARM 27a I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Homicide Undetermined manner Notural couses TITLE (SPECIFY) ACTUAL Deputy DATE May 6, 1981 SIGNATURE MEDICAL EXAMINER 812 Toll House Avenue J. Thomas, Robert EXAMINER'S NAME 21701 Frederick, Md. (TYPE OR PRINT) ADDRESS 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY STATE SPECIFY) May/18/ Burial Forest Park, Cooks Co., Forest Home Cemetery BP 250. DATE RECD. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS **DHMH-17** (VR A15 ME (5)) Chambers Funeral Home Riverdale, Maryland 15M 2/80

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W. PRESTON ST., B. D. WITHIN 24 HOURS PENCIL IN ITEM 18, G. WINENST PERSMIT, P. ENTAL HYGIENE, DIN OR REMOVAL.	7	PARTIDE 8 4/ Condition gave ris	IMMEDIA s, if any, which to immediate stating the under-	TE CAUSE (o) DUE TO, OR	MULTIPLE AS A CONSEQUENCE	PFT	ACCIDENT	INJURIS	5 5	BETWEEN	ANTAN.
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF EXECUTE THE CERTIFICATE, WHITING THE WORD "FENDING" IN PENCIL IN 1TEM 18. GIVE PAGES 1.2, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PREMIT. PAGES 1 AND 2.3 AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	CERTIFICATION	PART 2 OTHER SI	OPERATION	19b. CONDIT	TION FOR WHICH OP		OR CONDITION GIVEN IN PAI	T 1 (a).		20 AUTO	DPSY? NO □
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CAL EXAMINER: THE CERTIFICATE, HOULD BE FORWARD DIRECTOR: RAL DIRECTOR: ATH, WITH THE S RE, MARYLAND,		220 I certif death results ACTUAL SIGNATURE		ge of the remains des	Accident X.	Autops Suicide	Homicide , If I (SPECIFY) Deputy	Undetermined mon			6, 1981
TO MEDIC EXECUTE PAGE 4 S TO FUNEI AFTER DE BALTIMOI	23a.Bl	EXAMINER'S (TYPE OR PRII JRIAL, CREMA	NAME ROD		Chomas, M		812 ADDRESS Fre	Toll Houderick I	Md. 217	01	
BP	24 FL	Burial UNERAL DIRECT	TOR	May/14/81 ADDRESS	GlenHav	en Mem	orial Cem.	New Carl EC'D. BY REGISTRAR	isle, Cl	OUNTY BYK CO S SIGNATURE	
(VR A15 ME (5)) 15M 2/80	Ch	ambers	Funeral	Home Riv	verdale, M	arylan	d MA	13 1301	100		

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106 E. Church St., Frederick, Md. 21701

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STATE OF MARYLAND

May 25, 1981 SILL ENLERGY .l boasin . 5 estal ersle Iò Sept. 7, 1919 Prederick County, U.S.A. ..srvland Tomema ker 636 wilson lace rederick aryland prederick recerios x 636 lison ricce Deater Rauline Bierley Irving - 217-10-9505 r. Charles D. Toff aster, Same as above in item #13e

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Dr. Arthur Manalo, M.D. 810 Toll Mouse Ave., Frederick, Md.

Purial sy27,1931 Mt. Clivet Cametory Proderick Frederick Rd. Smith hadele, Geney Lastord Funeral Home 105 E. Church St., Frederick, Md. 21701

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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	FOR - STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.										
P. C. S. S. F. F. S. S. F. F. S. S. F. F. S. S. F. S. F. S.	1. DECEASED NAME FIRST (TYPE OR PRINT) CLAYTON		IAST	20. DATE KNOWN & MONTH OF ESTI- DEATH MATED 5-	6-1981 1053 4. M							
CESSARY, PLESS VERAL DIRECTOR YOUR FILES VITHIN 72 HOUR	3 SEX 4. RACE	3 -22 - 57 24 YRS.	UNDER 1 YR. IF UNDER 24 HRS.	PRONOUNCED DEAD 5-2	6 - 19 2 11: 36 A.M							
W /	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) STILLWATER, OK ID. CITY OR TOWN OF DEATH	11661	RRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT Frederick Cour UAL OCCUPATION TYPE OF WORK								
A HOUSE	WALKERSWILLE, MD	LIFTINGS IN SUCH FACILITY GIVE STREET ADDRESS)	JAN JAN	MOST OF WORKING LIFE)	AIR FORCE							
D. 21201 FANY DELA 2, AND 3 TO 33. RETAIN P. SHOULD BE	OHIO UNK		YES NO 162		PRINGS RD.							
DEATH. DEATH. APPRING	HAROLD	L. JONES	Is, mother's maiden name First June	- MIDDLE	Meopers							
T., BALTIMORE, MD. 2120) URS AFTER DEATH. IF ANY B. GIVE PAGES 1, 2, AND WITH FORM PM. 3. RETA II. PAGES 1 AND 2 SHOUL J. DIVISION OF WITA RECO	YES 198	0-1981 503-84-443	Harold L. Jone		McSmith Cr.							
· & > . O	PART I DEATH WAS CAUS	ATE CAUSE (0) A VOLSIUN OF	HEART, LUNG	S AND BRAIN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
201 W. PRESTON ST UTED WITHIN 24 HOU! IN PENCIL IN ITEM 18. EXAMINER ALONG W. EXAMINER ALONG W. TALL HYGIENE. DOM, OR REMOVAL.	Conditions, if any, which	e / (b) =	ACTURES, RIL	BS AND SKULL	. 0							
CORDS, 201 W BE EXECUTED V UDING" IN PER EDICAL EXAMI SA BURIAL-TI LITH AND MEN REMATION, OF	cause (a) stating the <u>under</u> lying cause last.	(c) ALRCRAFT A	ACCIDENT, EC	-135N, USAF								
ECORDS BE EXE ENDING WEDICA WAS A BLITH AP ACREMA I	4. 4	S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIS	PER EXTREM	WITIES,								
SHOULD ORD "PE CHIEF A SE USED A SURIAL, OF HEX	PARTIAC- 190. DATE OF OPERATION N.A. 210. EXTERNAL CAUSE WAS	196. CONDITION FOR WHICH SPERATION			2D AUTOPSY?							
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXEC RITING THE WORD "PENDING" ROED TO THE CHIEF MEDICAL E3 3 SHOULD BE USED AS A BUE E2 15 SHOULD BE USED AS A BUE OF PRIOR TO BURIAL, CREMATI	S CONTRIBUTING CAUSE OF	DEATH 05 3 P.M. 5-6-1981	AIRCRAFT	ACCIDEN	RT 2)							
DIVIS THIS CER: WARDED PAGE 3 SI 21201 PR	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	STREET FACTORY FARM ETC.)	STREET WALKERVI	CITY OR TOWN CO	UNTY STATE							
ANER: 1 FICATE, PERORY CTOR: PH THE ST		rge of the remains described above, had an Autural couses Discident Di, Suicide [opsy Inspection .	Inquiry . ond in my op	pinion							
AL DIRECTAL HE CERTIFICATION OF STATE O	ACTUAL SIGNATURE	ent Steam mo	TITLE (SPECIFY) M.D. Deputy MED	DATE CALEXAMINER SIGNE	5-7-81							
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING". IN PENCIL IN TEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG VER DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL -TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	EXAMINER'S NAME RO	bert J. Thomas, M.D.	812 To	oll House Ave	nue							
Bb A 70 P E 5	230.BURIAL, CREMATION, REMOVAL SPECIFY) Burial	236. NAME OF CEMETERS May/15/81 Baker-Lain		CATION COURTOWN COURTOWN COURTOWN								
DHMH - 17 (VR A15 ME (5)) 15M 2/80	24 FUNERAL DIRECTOR NAME Chambers Funeral	ADDRESS	250. DATE REC'D. BY									

ACL NEWSTER LOA VALUE RELIEF, MD A THE STREET ALL THE MEDICAL SERVICES DHID IN FAIRBORN X IN SECRETARY SERVICES NO. range in deskale YES SOUTH TO BE SOUTH THE PARTY OF THE PARTY AND WAR TORREST CONTRACT STANDS MICHTIPLE FRANCTOLEY MIBS AND SKULL PARCHART ACCIDENTED THIS PART PARTIAL AMPLIATION WITH EXILEMITIES. -AW INF SE MIREPART ASSIDENT CONTRACT DESCRIPTION OF THE PARTY.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH YEAR 26 HOUR (TYPE OR PRINT) -LIZABETH 4. RACE IF UNDER TYEAR IF UNDER 24 HRS 3 SEX DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) November 29, 1893 Female Black BIRTHPLACE (STATE DE PONTION Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA WIDOWED DIVORCED | Frederick County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR (FNOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Frederick Memorial Hospital INDUSTRY Frederick Homemaker Own Home BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR C THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION COUNT 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland Fred n Jefferson 5325 Burkittsville Road 21755 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME John Elizabeth Butler Spriggs 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17. INFORMANT All Saints St. 215 26 9180 Mary Brown Frederick, Md. 21701 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per time the line its), and ield PART I. DEATH WAS CAUSED BY FAILURIS IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF STENOSIS gove rise to immediate cause (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 DIVISION OF VITAL RECORDS, CERTIFICATION emoral ene prior 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 71m ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 80 HOUR A.M. MONJH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION (AT HOME STREET, FACTORY OFFICE, FARM ETC) STREET NOT WHILE HOME 27a.1 certify that (I) (this hasoutal) attended the deceased from saw the deceased olive on 3/2 above, (1) (we) (did not) view the body after de and that in (my) (ow) opinion death accurred on the date and hour and from the causes stated DEGREE 226 SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN TO FUNERAL MPORTANT 72e ADDRESS 22d PHYSICIAN'S NAME (TYPE OF PRINT) 231 NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION (SPECIFY)
Burial STATE Maris Venetery Petersville. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRARTISE REGISTRAIPS SUGMETTIME 100 Petersville Roal DHMH-16 30M 2/80 Funeral Home Bruns rick (VRA 15, 4) Williams lid.

STATE OF MARYLAND

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STATE OF MARYLAND

	FOR STATE REGISTRAR		DEPARTMENT CE	OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	REG. NO.	1 3 3 6 8
	1. DECEASED NAME (TYPE OR PRINT)	William F	ranklin	LER	20. DATE OF DEATH MONTH	981 5:22 P
1	3. SEX Male To BIRTHPLACE (STATE OR F	4 RACE Whit	se O	ATE OF BIRTH MONTH 12, DAY 1911 ARRIED A NEVER MARRIED	6. AGE (IN YEARS LAST BIRTHDAY) 69 9. BALTIMORE CITY OR COU	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN. RS.
4	Maryland 10 CITY OR TOWN OF DEA Frederick	ATH II. NAME OF	S.A. WID	OOWED DIVORCED DOWN OR OTHER INSTITUTION	Frederick 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Carpenter	12b. KIND OF BUSINESS OR
5	Maryland	13b COUNTY Frederick	GIVE RESIDENCE BEFORE ADMIS 13(CITY OR TOWN Adams town	113d. INSIDE CITY LIMITS?	13e STREEL ADDRESS Mi	lls Road
0	14. FATHER'S NAME Daniel	Webster	Lee	15 MOTHER'S MAIDEN NA Margaret	S. MIDDLE	Eckenrode
	160. WAS DECEASED EVER (YES, NO ORTHNKNOWN)	IN U.S. ARMED FORCES?	217-10-053		te D. Lee, Adam	Park Mills Road
	PART I. DE ATH W Conditions, if ony, gove rise to imm	DUE TO, C , which necliote g the DUE TO, C	1	enic Shock anterior h	n)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		NIFICANT CONDITIONS C		BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
1	19a DATE OF OPERAT	TION 196. CONE	ITION FOR WHICH OPER	ATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH

21d INJURY OCCURRED

HOUR A.M. MONTH DAY P.M 21s. PLACE OF INJURY

YEAR

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY

NOT WHILE 22a I certify that (I) (this hospital) attended the decleosed from

AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

CITY OR TOWN

STATE

sow the deceased alive an above, (1) (we) (did not) view the body after death 226 SIGNATURE

DEGREE

ATTENDING MEDICAL **PHYSICIAN**

STAFF DIRECTOR | PHYSICIAN 22c. DATESIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Dr. A. Austin Pearre, Jr., M.D.

23b. DATE

22e ADDRESS

231. NAME OF CEMETERY OR CREMATORY

804 Toll House Ave., Frederick, Md. 21701

230. BURIAL, CREMATION, REMOVAL Burial

May 28. 1981 Mount Olivet Cemetery Smith, Fadeley, Keeney, Basford 106 East Church St., Frederick,

Funeral

Frederick, Frederick, Md.

23d. LOCATION

and that in (my) (out) opinion death occurred on the date and hour and from the causes stated

REGISTRAR 256. REGISTRAR'S SIGNATURE

(VRA 15, 4)

DHMH-16 30M 2/80

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marked ar Item

MPORTANT: If Hem 21 is

MEDICAL

14 ES 1 1481 148 WHI Fill stibus catific 1111 rederick country, · · · rederick - Frederick Squarial Constant Contention heart of the State of States of Stat Saniel Scholer Lee Sargaret S. Eckenrode S.

Yes II 217-10-0537 Trs. Charlotte .. Lee, Adamton, Ld. 1910

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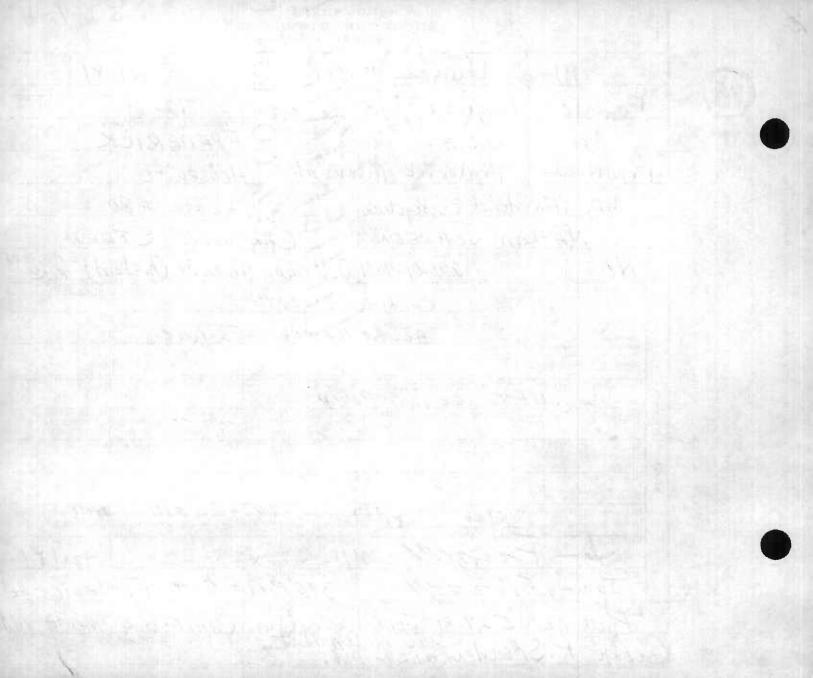
Dr. A. Suntin Pearrs, Jr., M.J. 804 Toll Nurse Ave., Frederick, Md. 21701 Burial Buy 38, 1981 Bount livet Conctory Preferrick, Trolorick, Md. nitu, docier, dency, miord anorilosc 10 de durelle, dencrice, e. 2701

-	4	1-	FOR STATE REGISTRAR			DEPARTMENT OF	HEALTH	AARYLAND I AND MENTAL H CERTIFICATE O		1 3	3 6	9
RY, PLEASE	DIRECTOR. ODR. FILES. 72 HOURS ON STREET,		CEASED NAME PE OR PRINT] X A RA	FIRST CE WHITE	S. DATE OF BIRTH MONTH 2019	MIDDLE S 6 AGE (IN Y 1944 34 BIRTH	TEARS TE UN DAY) MONT YRS.	JDER 1 YR. JF UNDER	DEATH M	OWN MONTH	DAY YEAR -6 1981 DAY YEAR	26 HOUR 1053 14 A 24 HOUR 1130
Y IS NECESSA	2, AND 3 TO THE FUNERAL DIR 1.3. RETAIN PAGE 5. FOR YOU'S 2. SHOULD BE FILED. WITHIN 7. 1.4. RECORDS. 201 W. PRESTON	FC 1	IRTHPLACE (STATE OR DREIGN COUNTRY) NEW MEXICO ITY OR TOWN OF DE		NOT IN SUCH FAC	PITAL, NURSING HOM	WIDOW		FREDEI 120. USUAL OCCUPAT FOR MOST OF WORKING	ION (TYPE OF WORK	VIY	ME JSINESS IRY
D. 21201	2, AND 3 TO 3. RETAIN PARTICULE BE IN RECORDS. ALL RECORDS.	13a. S	WALKERSVI AL RESIDENCE (# IN N IT ATE (ANSAS ATHER'S NAME	URSING HOME OF	ROUTE ROTHER INSTITUTION, GN Y Las Co.	194 TE RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN LAWRENCE		13d INSIDE CITY LIMITS? YES NO 1	PILOT 13e. STREET ADDRESS 2012 OVSC	lahl Road		RY
ALTIMORE, M.	SI AND NORM PW NORM PW	16a \	JEROME VAS DECEASED EVEL ES, NO, OR UNKNOWN) YES	LIFYES GIVE W		LUSK 166. SOCIAL SECURI T 493–48–6		ALPHA 17. INFORMANT	C	ADDRESS	TATE	3
., 201 W. PRESTON S'	VG" IN PENCIL IN ITEM 18 LEXAMINER ALONG BURIAL - TRANSIT PERMIT AND MENTAL HYGIENE, ATION, OR REMOVAL.	7	18 CAUSE OF DEAPART I DEATH V Support of the suppo	TH (Enter only VAS CAUSED IMMEDIATE ony, which immediate g the under-	y one couse per line BY: E CAUSE (a) DUE TO, OR (b) DUE TO, OR	AS A CONSEQUENCE		RAUMA!	ic Tuje	Ries	APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
DIVISION OF VITAL RECO	3 THE WORD TO THE CHIE HOULD BE US ARTMENT OF TO BURIX	MEDICAL CERTIFICATION	21d INJURY OCCUP WHILE X NOT AT WORK X AT V	OR CAUSE OF DI RED WHILE	216 TIME OF HOUR A.M. EATH 053 A 21e PLACE O STREET, FACTO FAR	MONTH DAY YEA FINJURY (ATHOME, DRY, FARM, ETC.)	21c. Ho	OW INJURY OCCURRED RECT TREET	CITY OR TOWN	lent	20 AUTOPSY YES ART 2)	PNO STATE
_	CERTIFICATION BE FOILD BE FOIL		220. I certify that death resulted of ACTUAL SKINATURE EXAMINER'S NAME (TYPE OR PRINT) URIAL, CREMATION, PECHY) BUTIAL UNEAL DIRECTOR NAME	Rob	oert J.	Thomas, I	METERY O	Hamicide DESECTIVE ADDRESS F1 R CREMATORY & Cemetery	Undetermined manner _MEDICAL EXAMINE 12 Toll Horacick, 1334 LOCATION CITYORTOWN	ouse Av Md. 21	renue	1981
	R A15 ME (5)) 15M 2/80	Cl	nambers Fu	neral	Home Riv	erdale, Ma	rylan	d	. 20			

15M 2/80

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N Kal			OR PRINT) A PRINT		Mason	20 DATE OF DEATH MONTH	2 / 8/ 2b. HOUR
(M)	3. SE	Female	Negroid	5. DATE OF BIRTH MONTH DAY YEAR O O O O O O O O O O O O O	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
deoth. Pr	\$5		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY!	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	FREDER	NTY OF DEATH CK MD.
ofter the	64	F	-redenck	FYEAR OF CE	ADDREAS RIMORIA	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEW, TE	12b. KIND OF BUSINESS OR INDUSTRY
AND 2120 n 24 hours filled in by	36	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE MD, 136 COLL)	ederick Buckey	EADMISSION) 13d. INSIDE CITY LIMITS? STOWN YES NO	13e STREET ADDRESS #	80
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours of the trins certificate has been signed by the attending physician ond completely filled in by strens certificate has permit. Then please remove carbon papers. Pages 1 and 2 should be file on the buriel-transit permit. Then please remove carbon papers. Pages 1 and 2 should be file	cremotion, or remov ther troumatic event		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQU	diac Arvest ofe Renal	Failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
L RECORDS, 20 Le low requires t nn. hos been signed permit. Then ple	rior to bur ny injury.	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF SELLILITY	ty, colon	DEATH BUT NOT RELATED TO THE TERM POLYP OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
SION OF VITAL I PHYSICIAN: The ending physicion this certificate he be buriol-tronsit p	Hygie 8 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR 19	YES NO	YES NO 18 PART I OR PART 2)
DIVISION C NG PHYSIC offending ffer this cer	2 2	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	PARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTENDO ne haspitol or DIRECTOR: A	Dept. of f frem 21		sow the deceosed olive on	tol) oftended the deceosed from 19 19 11 view the body ofter death.	DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	19 That (II (we) last nour and from the causes stated 22c. DATE SIGNED
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ВР			BURIAL BURIAL	5-27-81 J	NAME OF CEMETERY OF CREMITORY OHN, WESLEY CEN	23d LOCATION SOL	ig county STATE Md
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3 5	EX	4. RACE	5. DATE OF BIRTH	6. AGE (IN)	YEARS IF UN	DER 1 YR. IF UNDER	24 HRS. 2c. DAT	TE	MONTH	DAY YE	AR 2d. HOU
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	CITY OR TOWN		II HAME OF HOSE	ITAL, NURSING HOA	ME, OR OTH	ER INSTITUTION	12a USUAL OCC FOR MOST OF W	UPATION (TYPE	OF WORK	12b. KIND OF OR INDU	BUSINESS
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	18 CAUSE O	OF DEATH (Enter on	ly ane cause per line to BY:	ar (a), (b), and (c).)	TIA	A ATL	TUPLE			APPROXIM BETWEEN OF	NATE INTERVAL
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1	lying ca	s) stating the <u>under</u> use last.	DUE TO, OR A	AS A CONSEQUENCE	E OF						
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24	FUNERAL DIRE	CTOR	ADDRESS			25a. DA	CODESY REGIST	AR 256. REGIS		GNATURE	
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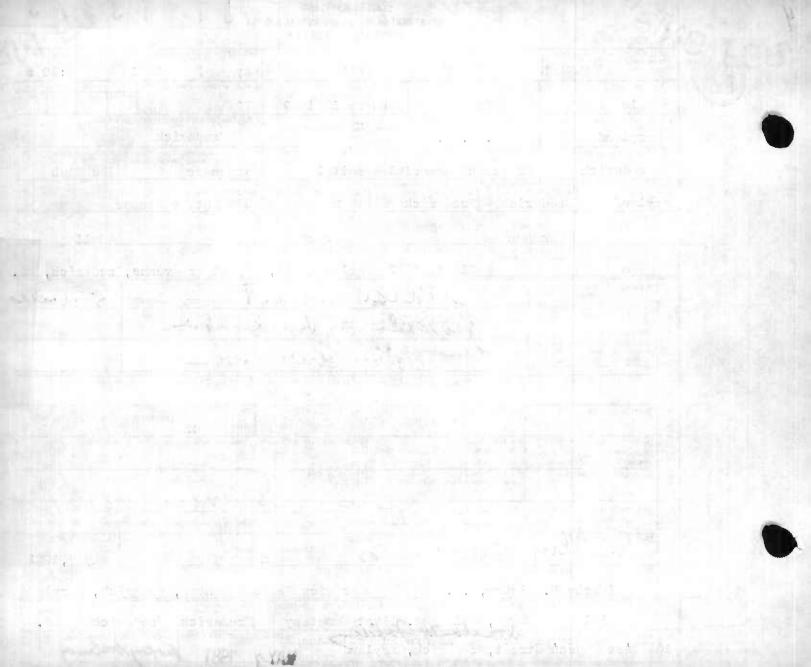
STATE OF MARYLAND

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ECESSARY, PLE FOR YOUR EJ WITHIN 72 HO PRESTON STELL	3, SE	M	WHITE	5. DATE OF BIRTH MONTH DAY Sep 2	1961 AGE (IN LAST BIRTH			URS MIN	2c. DATE PRONOUNCED DEAD	MONTH DAY 5-6 1	981 130 M		
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., BALTIMORI JRS AFTER DE B. GIVE PAGE WITH FORM T. PAGES I AI DIVISION OF	3 160. (YES	11J	UN79-PRES	164-56-1		Thomas	M. Moff	ADDRESS ett (Father		s # 13.		
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S GERIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS IRRING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FROED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGES 23 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. E DEFARTIVETO FO HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECORDS, 201 WID PRIOR TO BURIAL, CREMATION, OR REMOVAIL	7	Canditions, gave rise	IMMEDIAT if any, which ta immediate toting the under-	y ane couse per lined DBY: IE CAUSE (a)	or (a), (b), land (c), y LS A CONSEQUENCE S A CONSEQUENCE	1	Accid	tic I Dent	NJURK	APPI BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH		
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core L. Smith, dr. 1.1. 804 Toll house ave. Frederich, anyland

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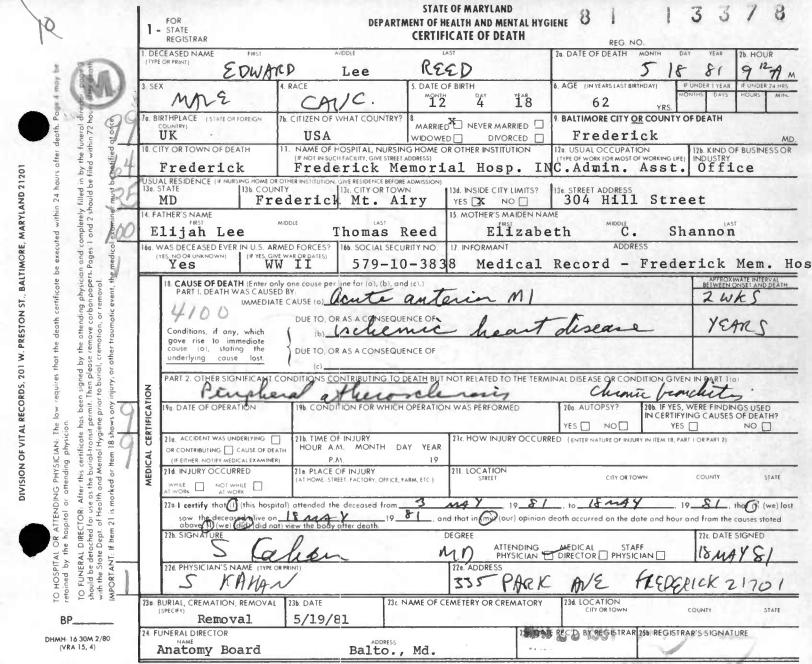
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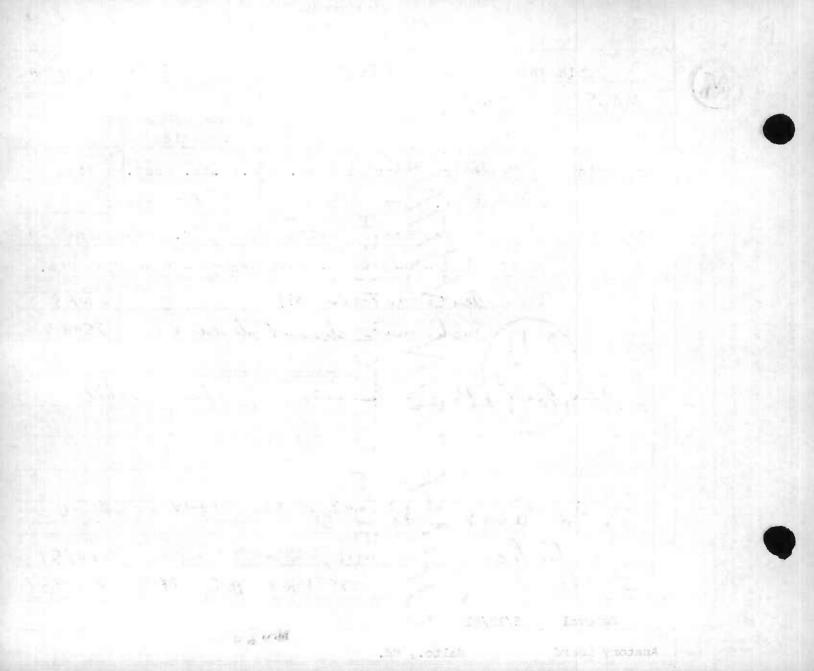
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Y.		FOR		STATE O	F MARYLAND	HYGIENE	3 3 7 7
2		STATE REGISTRAR	ME	DICAL EXAMINER	S CERTIFICATE	OF DEATH REG. NO.	
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ARY, PL DIRECTOUR R V72 HOI TON STRI	3. SE)	WHITE	5. DATE OF BIRTH MONTH DAY MAY 8	1941 39 YRS.	ONTHS DAYS HOURS	R 24 HRS. 21. DATE PRONOUNCED DEAD MON	- 6 198/ 1/4 M
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLAST THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR: PAGES 3 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FIRST FOR DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECORDS, 201 W. PRESTON STREET BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	7	18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE) Support of MARDIA: Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.	D BY: TE CAUSE (o) DUE TO, OR (b)	for (a) (b), and (c).) AS A CONSEQUENCE OF AS A CONSEQUENCE OF	aumatic Accide	INJURIES put	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH FRS
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	23a.B	URIAL, CREMATION, REMOVAL 2		23c NAME OF CEMETER			COUNTY STATE
BP	24 F	Burial UNERAL DIRECTOR	May/15/81	. Wildwood C		Bartow, Polk Co.	O'S SIGNIATURE
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		emains described above	, held an Autop	sy X, Inspection Hamicide TITLE (SPECIFY) Deputy 81	Undetermined manner ,	DATE May 6, 1981
(TYPE O	CT KB CT	J. Thomas		ADDRESS_ Fr	ederick, Md. 2	21701
230. BURIAL, CR (SPECIFY) Buri 24 FUNERAL C			ME OF CEMETERY O	Comotom	23d LOCATION CITY OF TOWN Pleasant Hill, REC'D, BY REGISTRAR 255. REGISTR	COUNTY STATE Miami Co, Ohio

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3	160.	WAS DECEASED (ES, NO, OR UNKNOW NO	EVER IN U.S. A	RMED FORCES? VE WAR OR DATES)	217-10-0		Mr. Norm	nan R.	ADDR Rhoderic	A RD	# l rfield,	Pa.
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-/-	2		that I took cha d from: No Role	turol couses 🛛 .	all M	, M. D	Homicide Title (SPECIFY) Deput	Y XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Inquiry , , mined manner [ALEXAMINER IXX X MXX 144 ICK, Md		May 1	4, 198
-	23a. B	BURIAL, CREMAT SPECIEY) Urial	/ -	May 18, J.	23c. NAME OF CE	EMETERY O	emetery	23d. LOC CHY O Fre	derick,	Freder	rick, Me	STATE
H - 17 5 ME (5))	K	bort E.	Dailey		1201 N. Mai		St.	TE REC'D. BY	1 8 15 31	REGISTRAR'S	SIGNATURE	ver

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10	1-	FOR STATE REGISTRAR			S DEPARTMENT (DICAL EXAM	OF HEALT		NTAL HYGIEI	ATH	EG. NO.	3 3	8	2
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E. MD. 21201 ATH. IF ANY DELAY IS NECESSARY, PLEASE S. 1. 2. AND 3 TO THE FUNERAL DIRECTOR. PM. 3. RETAIN PAGE 5 FOR YOUR FILES. ND 2 SHOULD BE FILED, WITCHN 72 HOUNS. VATAL RECORDS, 201 W, PRÉSTON STREET,	PI	IRTHPLACE (5 DREIGN COUNTRY) ENNSYLV ITY OR TOWN	ANIA	7b. CITIZEN OF WH	HAT COUNTRY?	WIDO	WED 🗆	ER MARRIED DIVORCED DIVORCED	9. BALTIMORE FREDER	RICK C	OUNTY	DEATH	MD
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Robert L. Dailey & Son Frederick, Maryland

Funeral Homes, P.A.

FOR - STATE

(VR A 15 (4))

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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Smith, Fadeley, Keeney, Basford Funeral Home

106 East Church Street, Frederick, Md. 21701

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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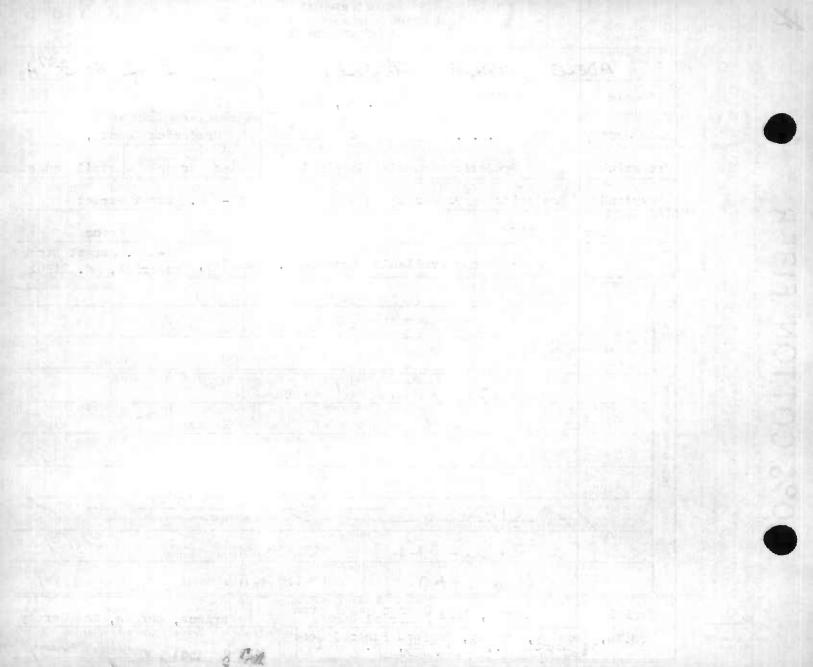
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Gurial May 1-, 1981 Mt. Clivet Cemetery Frederick, Frederick, Md. Smith, Padeley, Keeney, Basford Funcral More 196 East Charch Street, Frederick, Md. 81701



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TALRECOR	CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
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TTENDI pritol or TOR: A for use of Heol		220.1 certify that (1) (this has sow the deceased alive a above, (1) (ver) (did) (did.s.	5/5	731 10	5	5 8 19 19 nd that in (my) (our) opinion	, ta5 5 death accurred an the d	19, that (I) (we) last ate and hour and from the causes stated
OR he he boche Dep		22b. SIGNATURE Cuj	: P.	rr. 9.			MEDICAL STA	FF SIGNED
TO HOSPITAL retoined by th TO FUNERAL should be detr with the Store IMPORTANT: I		Dr. Austin		Jr. M.D.		804 Toll Hou	ise Ave.,Fre	ederick, Md. 21701
BP		BURIAL, CREMATION, REMON	May C,	1981 Mt	. 015	ret Cemetery	23d. LOCATION CITY OR TOWN Frederick	Frederick Md.
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 F	Smith Fadeldy 106 E. Church	Keeney St. Fred	Basiords F erick Md	.A. 21	neral Home 1	TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE

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Rt. 10 Fred. MD.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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2b. HOUR

12b. KIND OF BUSINESS OR NDSelf-empl.

#Zimmerman

COUNTY

22c. DATE SIGNED

STATE

Md.

IF UNDER 24 HRS

DHMH-16 30M 2/80 (VRA 15, 4)

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o. Douglas stant'er Tt. 10 Fred. jb. 40.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME CO. DATE KNOWN (TYPE OR PRINT) OF ESTI-Wyndom Hughes Surber, Sr. 6. AGE (IN YEARS | IF UNDER 1 YR. LIF UNDER 24 HRS. 4 RACE 5. DATE OF BIRTH LAST BIRTHDAY) PRONOUNCED Male White 43 YRS DEAD 74. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED FOREIGN COUNTRY! Virginia U.S.A. Frederick County WIDOWED [DIVORCED [ID. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 112b KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) Frederick Frederick Retired Memorial Hospital Montgomery Co USUAL RESIDENCE (IF IN NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Montgomery 307 North Summit Avenue Apt. 1A Marvland Gaithersburg YES. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Edith Robert Surber Minton 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 226-52-1283 Betty B. Surber Same as 13a-e 18 CAUSE OF DEATH (Enter anly ane cause per line for (a) (b), end-(c).) APPROXIMATE INTERVA PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if onv, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 9 E 3 SHOULD BE US E DEPARTMENT OF PRIOR TO BURIAL YES NO 21g EXTERNAL CAUSE WAS MEDICAL CONTRIBUTING CAUSE OF DEATH AT WORK AT WHILE I-70 COUNTY 220. I certify that I taak charge of the remains described above, held on Autopsy Inspection and in my apinion Homicide Undetermined manner Notural causes TITLE (SPECIFY) Deputy SIGNATURE Toll House Ave. EXAMINER'S NAME 21701 Thomas Frederick, Md. Robert 23g BURIAL CREMATION REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY Rockville Montgomery Maryland 5/11/81 Burial Parklawn Memorial Park 24 FUNERAL DIRECTOR Wheeler Funeral Home, Inc. **DHMH-17** VR A15 ME (5)) 1331 Rockville Pike, Rockville, Maryland 20852 15M 7/76 DOMESTICAL STATE

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106 East Church St., Frederick, Md. 21701

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Jun 2, 1981 Nt. Olivet Cemetery

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106 East Church Street, Frederick, Md. 21701

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Douglas Stauffer Rt. 10 Fred. Md.

FOR

(VR A 15 (4))

STATE OF MARYLAND

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usta . actor Adde lizabeth iafer

Burial 5/27/61 Unica demetery thica Frederick Cd.

VOIDED DEATH CERTIFICATE NUMBER

ABOVE ON BABY BOY WARDEN, DIED: June 3, 1981

NOT MAY 3, 1981., FREDERICK COUNTY

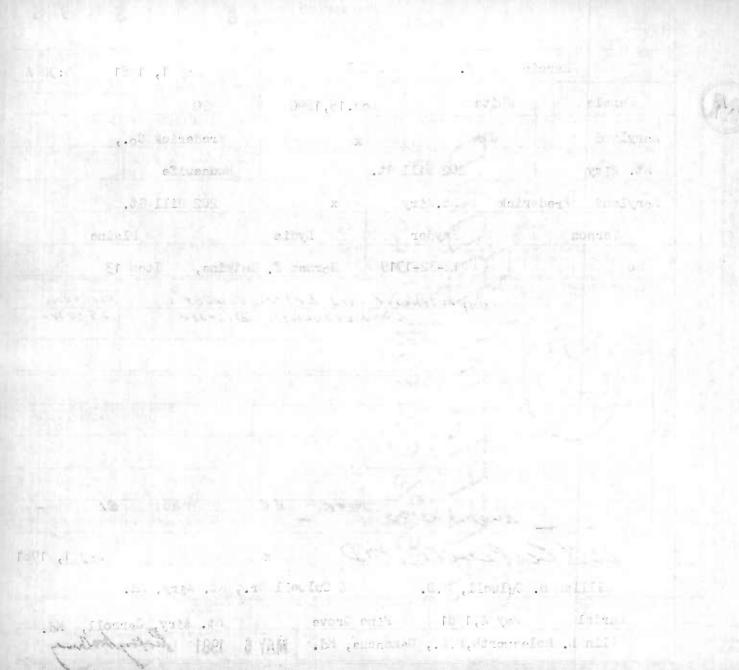
SEE AUGUST, 1981 DEATHS



DHMH-16 30M 2/80 (VRA 15, 4)

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE OF DEATH 2b HOUR TYPE OR PRINTS F. Marcia WATKINS May 1, 1981 6:30 Am 6 AGE (IN YEARS LAST BIRTHDAY) DAYS 90 9 BALTIMORE CITY OR COUNTY OF DEATH Frederick Co.. 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife 13e. STREET ADDRESS 202 Hill St. MIDDLE Plaine Norman F. Watkins, Item 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TO, OR AS A CONSEQUENCE OF DIOVESCULAR AD Sease More + 42M PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (and) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN TO DIRECTOR PHYSICIAN May 1, 1981 4 Culwell Dr., Mt. Airy, Md. 23d. LOCATION (SPECIFY) Burial May 4,1981 Pine Grove Airy Garroll Mt. 74 FUNERAL DIRECTOR L. Molesworth, P. Acoptess Damascus, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	1 38 - 3
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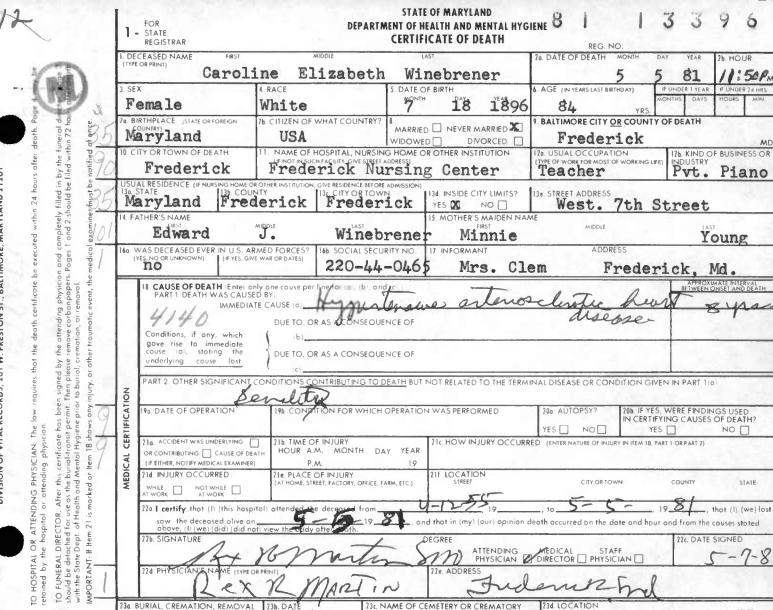
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ľ	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. I	NO.		
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3 SE	MALE	4 RACE	te	Sept		6. AGE IN YEARS LAST B	HRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
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130. M	LC 7	INTY Lerick	GIVE RESIDENCE BEFORE	E ADMISSION) 'N	134 INSIDE CITY LIMITS?	3 STREET ADDRESS	y Chur	ch Rd.	
	ATHER'S NAME Clifford		Villiams		Ida MOTHER'S MAIDEN NA	Jäne	7"	Mox 1e	4. 100.3
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	Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause last	DUE TO, C	RAS A CONSEQUE	atro		5 mgs.			
NO	PART 2 OTHER SIGNIFICANT	mina	Pane		NOT RELATED TO THE TERM	INAL DISEASE OR COI	NDITION GIV	EN IN PART 110	3
CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERA 10	N WAS PERFORMED	200 AUTOPSY? YES NO NO	20b. IF YES IN CERTIF YES	WERE FINDING YING CAUSES	GS USED OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN	EAIN .		AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	URY IN ITEM 18 P.	PART I OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY OFFICE F	ARM, ETC)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	220.1 certify that (1) (this hosp saw the deceased alive a obave, (1) (ver) (did) (did n	may	4 19	81.01	nd that in (my) (aux) apinion (deoth occurred on the	date and hou	19, to	that (I) (we) last causes stated
	22b. SIGNATURE	TDO	mis,	me		MEDICAL STA	AFF ICIAN 🗌	5/5	SIGNED /
	LeRoy T.		D.		22. ADDRESS 4 W. Seventh	St.Freder	ick, M	laryland	21701
	BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	May Ja	1981 Nou	int Ol	emetery or crematory Livet Cemeter;		LIG	derick	Mat.
25fi 106	Hentorrade ley, East Church S	Keeney & treet, Fr	Basford- ederick	Maryl	al Home 250 DATE	REC'D. BY REGISTRA	R 256 REGIST	RAR'S SIGNATU	JRE

BP

DHMH - 16 50M 1/81 (VRA 15, 4)

Parker do La Marida Cara de Ca totaling the control of the control



DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

Burial

24 FUNERAL DIRECTOR Rt.10 FrederickMd. G. Douglas Stauffer

5/8/81

Olivet Cemetery Frederick Fred. Md. 25b. REGISTRAR'S SIGNATURE ---

Caroline limbraner 5 F1 //S/

Forale ii.s 7 15 1596 st.

Apryland 13.

Frederick rederick x dest. 7th Etreet

Etrari J. distrener into 22 -44-0465 rs. lsm rejerick, Md.

Rurial 5/2/81 At. Mivet ametary redarded Fred. Md.

G. Jourles Stauffer | t.10 Predericked.

		FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 I	3 3 9 7
		DECEASED NAME FIRS		LAST		DAY YEAR 26 HOUR
5 %		Ja	ne W.	WISE	May 12, 1981	400
10	1	3. SEX	4 RACE	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
A SEE	y b	Female	White	Jan. 8 1919	62 YRS.	MONTHS DAYS HOURS MIN
27.2	19	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Tenn.	75 CITIZEN OF WHAT COUNTRY		Frederick Con	
by the faced within	00	Frederick	412 Brooklawn	ING HOME OR OTHER INSTITUTION ET ADDRESS! A partments	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LET Social Worker	126 KIND OF BUSINESS OR
tely filled in should be fil examines mu	35	Maryland Fr	one or other institution, give residence before county 13c. c ITY OR TO bederick Frederi	WN 134 INSIDE CITY LIMITS?	134 STREET ADDRESS 412 Brooklarw A	partments
ompletely and 2 sho	01	James	T. William		MIDDLE Wi	lkinson
an and ce Pages 1 t, the me	1	WAS DECEASED EVER IN U IYES, NO OR UNKNOWN] NO	S. ARMED FORCES? 166 SOCIAL SEC 156—12—156—120—156—120—156—156—156—156—156—156—156—156—156—156	Ol31 Frederick, N	Wise, 265 West	
ending physiciar carbon papers. Pon, or removal. traumatic event,		4960	ter only one couse per lips for (0), Iby b AUSED BY EDIATE CAUSE (0)	co proquer and	anut.	APPROXIMATE INTERVAL RETWEEN ONSE! AND DEATH 2-3 GVS
led by the att lease remove urial, crematiury, or other		Canditions, if any, whi gove rise to immedia cause (a), stating the underlying cause los	DUE TO, OR AS A CONSEOL	Truccipice	Silliosio	20415
s been sign it. Then p prior to bu		PART 2 OTHER SIGNIFIC. 11% DATE OF OPERATION 21a ACCIDENT WAS UNDERLYIN		DEATH BUT NOT RELATED TO THE TERM HOPERATION WAS PERFORMED	206 AUTOPSY? 206. IF YES	, WERE FINDINGS USED
te ha	d	Ĕ			11 200	YING CAUSES OF DEATH?
hysician certifica I-transit ntal Hyg Item 18	9	OR CONTRIBUTION CAUSE	OF DEATH HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, P	ART I OR PART 2)
After this the burial hand Mer		THE EITHER, NOTHY MEDICAL EXAM 2)4 INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
ECTOR: for use as of Healt		27e I certify that (I) (this saw the deceased all above, (I) (we) (fid) a	hospital) sused for The deceased from the con 19 and not) wew the body after death.	and that in (my) (our) apinion	death occurred on the date and hou	19, that (I) (we) last r and from the causes stated
the hosp AL DIR etached ate Dept.		27% SIGNATURE	telling XV	ATTENDING PHYSICIAN 2	MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED May 12, 1981
etained by the TO FUNERAL thould be detained with the State	1	Dr. Timo	thy Hickey, M.D.	Parkview Med	dical Center, Fre	
BP		Burial, Cremation, Remo		NAME OF CEMETERY OR CREMATORY Orgetown University	0	COUNTY D. C. STATE
DHMH-16 25N (VRA 15, 4) 1/	и 79	Smith Fadeley 106 E. Church	Keeney Basford R. St. Frederick Md.	We rangial nome	RECIDENT REGISTRAR 25% REGIST	RAR'S SIGNATURE

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FOR - STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 20. DATE OF DEATH & AGE LIN YEARS LAST BIRTHDAY! IF UNDER 1 YEAR May 18, 1902 78 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Frederick Co. WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Housewife Frederick Memorial Hospital 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? 13608 Penn Shop Rd. NO T 15 MOTHER'S MAIDEN NAME Nannie Eliza Fowler 17. INFORMANT Betty M. Browning. Item 13 APPROXIMATE INTERVAL BNEAST 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21f LOCATION COUNTY CITY OR TOWN STATE and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS GREEN VALLEY, MENROUIS, NO. 21770

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

Marvin Chapel Plane No.4, Frederick. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

DHMH-16 30M 2/80 NAME Olin L. Molesworth, P. ADDRESS Damascus, Md. (VRA 15, 4)

SMIT, IT COME IN THE SMITH . . 0 elt manyo Jakkies Introdes dates of D , 11 wegined Pendertek ander 13:00 Should never Block Wi. cordes illies light, sense Site enter-1215- 2-122 rest. broading, the 13

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STATE OF MARYLAND

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